

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

RECEIVED

Plaintiff SEP 6 2007

APPLICATION TO PROCEED
IN FORMA PAUPERIS

VS.

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

Defendant(s)

BY A PRISONER

CASE NUMBER:

FILED

SEP 6 2007

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

I, Douglas Obuizen, declare that I am the plaintiff in the above entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

1:07-CV-1309-AWZ-OLB-HC

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. Arenal State Prison

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "Yes" state the amount of your pay. Was not given a pay number. My pay number at Lancaster - my former prison, was 184/hr. However, to my knowledge, I never received any raise because I was a tutor.
- b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

My father sends me a \$50.00 check now and then for 'canteen.'

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

6. Do you have any other assets? ☒ Yes ☐ No

If "Yes" list the asset(s) and state the value of each asset listed. *A 1985 Toyota Carona. I currently have a valid Calif. driver's license.*

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *None*

I declare under penalty of perjury that the above information is true and correct.

Sept. 26, 06
DATE

R Douglas Allison
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$_____.

DATE

SIGNATURE OF AUTHORIZED OFFICER